

<b>ORDER FOR SUPPLIES OR SERVICES</b>										Page 1 Of 5	
<b>1. Contract/Purch Order/Agreement No.</b>  DAAE07-00-D-M001			<b>2. Delivery Order/Call No.</b>  0070		<b>3. Date Of Order/Call (YYYYMMDD)</b>  2001APR13		<b>4. Requisition/Purch Request No.</b>  SEE SCHEDULE			<b>5. Priority</b>  DOA4	
<b>6. Issued By</b> TACOM AMSTA-LC-CLEB STACY KESTELOOT (810)574-7250 WARREN, MICHIGAN 48397-5000  HTTP://CONTRACTING.TACOM.ARMY.MIL EMAIL: KESTELOS@TACOM.ARMY.MIL				<b>Code</b> W56HZV	<b>7. Administered By (If other than 6)</b> DCM BIRMINGHAM BURGER PHILLIPS CENTER 1910 THIRD AVE. NORTH, RM 201 BIRMINGHAM, AL 35203-2376				<b>Code</b> S0101A	<b>8. Delivery FOB</b>  <input type="checkbox"/> Destination <input checked="" type="checkbox"/> Other  (See Schedule if other)	
<b>9. Contractor</b>  Name and Address  CAMBER CORPORATION 635 DISCOVERY DRIVE HUNTSVILLE, AL 35806  TYPE BUSINESS: Large Business Performing in U.S.			<b>Code</b> OMWW4	<b>Facility</b> 	<b>10. Deliver To FOB Point By (Date) (YYYYMMDD)</b>  SEE SCHEDULE			<b>11. X If Business Is</b>  <input type="checkbox"/> Small <input type="checkbox"/> Small Disadvantaged <input type="checkbox"/> Woman-Owned		<b>12. Discount Terms</b>	
<b>13. Mail Invoices To the Address in Block</b> See Block 15											
<b>14. Ship To</b> SEE SCHEDULE			<b>Code</b> 	<b>15. Payment Will Be Made By</b> DFAS-COLUMBUS CENTER DFAS-CO/SOUTH ENTITLEMENT OPERATION P.O. BOX 182264 COLUMBUS, OH 43218-2264				<b>Code</b> HQ0338	<b>Mark all Packages and Papers with Identification Numbers in Blocks 1 and 2</b>		
<b>16. Type of Order</b>	<b>Delivery/Call</b>	<input checked="" type="checkbox"/>	This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.								
	<b>Purchase</b>		Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein.								
			Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same.								
Name Of Contractor			Signature			Typed Name And Title			Date Signed (YYYYMMDD)		
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:											
<b>17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE</b> SEE SCHEDULE											
<b>18. Item No.</b>		<b>19. Schedule Of Supplies/Service</b> SEE SCHEDULE CONTRACT TYPE: Cost-Plus-Fixed-Fee			<b>20. Quantity Ordered/ Accepted*</b>		<b>21. Unit</b>	<b>22. Unit Price</b>		<b>23. Amount</b>	
		KIND OF CONTRACT: System Acquisition Contracts									
<i>* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.</i>					<b>24. United States Of America</b>  By: STANLEY T. KULCZYCKI /SIGNED/ KULCZYCS@TACOM.ARMY.MIL (810)574-7004				<b>25. Total</b> \$397,381.09		
<b>26. Quantity In Column 20 Has Been</b>  <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted  Date _____ Signature Of Authorized Govt Representative _____					<b>27. Ship. No.</b>  <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>28. D.O. Voucher No.</b>		<b>29. Differences</b>		
<b>36. I certify this account is correct and proper for payment</b>  Date _____ Signature And Title Of Certifying Officer _____					<b>31. Payment</b>  <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final		<b>32. Paid By</b>		<b>33. Amount Verified Correct For</b>		
									<b>34. Check Number</b>		
									<b>35. Bill Of Lading No.</b>		
<b>37. Received At</b>		<b>38. Received By</b>		<b>39. Date Received</b>		<b>40. Total Containers</b>		<b>41. S/R Account Number</b>		<b>42. S/R Voucher No.</b>	

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE07-00-D-M001/0070 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 5
<b>Name of Offeror or Contractor:</b> CAMBER CORPORATION		

SUPPLEMENTAL INFORMATION

PROGRAM:	OMNIBUS PROGRAM & ENGINEERING SUPPORT SERVICES
CONTRACT:	DAAE07-00-D-M001/0070 OPT YR 1
PURPOSE:	EXERCISE OPTION YR 1 FOR 6,184 HOURS
CURRENT AMOUNT:	\$ .00
THIS CHANGE:	\$397,381.09
TOTAL AMOUNT:	\$397,381.09

1. This action is Task Order number 0070 issued pursuant to Contract DAAE07-00-D-M001.
2. The purpose of this order is to exercise option for 6,184 hours pursuant to Special Provisions H.1.1. This order will provide support in the areas of Abrams technical publications and their development. Development and integration of Abrams Depot Maintenance Work Requirements (DMWR) with technical publications and National Maintenance Work Requirements(NMWR). Integrating the provisions of the Single Stock Fund (SSF) and National Maintenance Standards (NMS) with the technical publications, DMWRs and NMWRs for the Abrams Tank System.
3. This is a unilateral order for 6,184 man-hours of level of effort, awarded on Cost Plus Fixed Fee basis in the amount of \$397,381.09. This includes \$371,160.93 cost and \$26,220.16 fixed fee.
4. The Contractor shall perform this order 0070 in accordance with the Scope of Work in Section C and Work Directive CAM-070.
5. The period of performance is from date of award through 30 Apr 02.

6. PAYMENT

The contractor shall submit monthly invoices for payment for work performed in the previous month.

7. INVOICE INSTRUCTIONS

In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract. On each billing document prepared by the contractor, the CLIN/SUBCLIN applicable to that billing shall be specified. Where there is one ACRN applicable to the particular CLIN/SUB/CLIN being billed, the ACRN shall be specified as well.

8. PAYMENT INSTRUCTIONS FOR DFAS

- a. In accordance with the Prompt Payment clause (FAR 52.232-25), the following additional invoice instructions apply to this contract.
- b. The paying office shall pay each invoice only with the funds obligated under the CLIN/SUBCLIN specified on the voucher. Payments shall be made first from the oldest funds by fiscal year applicable to each individual CLIN. The oldest funds shall be disbursed in their entirety before proceeding to disburse the next ACRN.

Name of Offeror or Contractor: CAMBER CORPORATION

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT					
	SUPPLIES OR SERVICES AND PRICES/COSTS									
0001	<u>Supplies or Services and Prices/Costs</u>									
0001AA	<u>SERVICES LINE ITEM</u>				\$ 397,381.09					
	NOUN: ABRAMS RECAP SSTS SECURITY CLASS: Unclassified PRON: EH12J109EH PRON AMD: 01 ACRN: AA AMS CD: 422123 DD CUSTOMER ORDER NO: B114EEE422  Noun: Program and Technical Support PM Abrams Tank Systems  Level of Effort: 6,184 Hours  WD: CAM-070  Estimated Cost: \$371,160.93 Fixed Fee: 26,220.16 Total Estimated Cost: \$397,381.09  (End of narrative B001)  <u>Inspection and Acceptance</u> INSPECTION: Destination ACCEPTANCE: Destination  <u>Deliveries or Performance</u> DLVR SCH PERF COMPL <table><tr><td><u>REL CD</u></td><td><u>QUANTITY</u></td><td><u>DATE</u></td></tr><tr><td>001</td><td>0</td><td>30-APR-2002</td></tr></table> \$ 397,381.09	<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>	001	0	30-APR-2002			
<u>REL CD</u>	<u>QUANTITY</u>	<u>DATE</u>								
001	0	30-APR-2002								

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DELIVERIES OR PERFORMANCE

F.1 Period of Performance

Period of performance for the work set forth in WD CAM-070 is date of award thru 30 Apr 02.

\*\*\* END OF NARRATIVE F 001 \*\*\*

Name of Offeror or Contractor: CAMBER CORPORATION

CONTRACT ADMINISTRATION DATA

								JOB			
LINE	PRON/	OBLG						ORDER	ACCOUNTING	OBLIGATED	
<u>ITEM</u>	<u>AMS CD</u>	<u>ACRN</u>	<u>STAT</u>	<u>ACCOUNTING CLASSIFICATION</u>				<u>NUMBER</u>	<u>STATION</u>	<u>AMOUNT</u>	
0001AA	EH12J109EH	AA	1	21	12020000016D7675P4221232516	S20113	1RQ09E	W56HZV	\$	397,381.09	
422123	DD										
									TOTAL	\$	397,381.09
SERVICE								ACCOUNTING	OBLIGATED		
<u>NAME</u>	<u>TOTAL BY ACRN</u>		<u>ACCOUNTING CLASSIFICATION</u>				<u>STATION</u>	<u>AMOUNT</u>			
Army	AA		21	12020000016D7675P4221232516	S20113		W56HZV	\$	397,381.09		
									TOTAL	\$	397,381.09